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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
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Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:

Office Use Only







To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 03/25/24 Order #: 1463159-1

Re: Hereford Holdings LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$ 155.00 - FL State Account Number:

12000000001,95 AUTH OSPELLE CONTRACTOR

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Hereford Holdings LLC	Name of Limited Liability Company	
1	value of Emitted Elability Company	
The enclosed Articles of Organization a	and fee(s) are submitted for filing.	
Please return all correspondence concer	ming this matter to the following:	
Charlotte Ghigliazza	Name of Person	
Brick & Patel LLP		
	Firm/Company	
(00 N/C) 4 1 171		
600 Fifth Avenue, 14th Flo	Address	
New York, NY 10020		
	City/State and Zip Code	(5 PO
cghigliazza@brickpatel.co	(to be used for future annual report notification)	
	·	
For further information concerning this m	natter, please call:	23
Charlotte Ghigliazza Name of Person	at (212) 554-5292 Area Code Daytime Telephone Number	
Name of Person	Area Code Daytine Perephone Number	
Enclosed is a check for the following an	nount:	1.,
□\$125.00 Filing Fee □\$130.00 F		0.00 Filing Fee,
Certificate o	f Status Certified Copy Certif	icate of Status & ied Copy
	(addition	nal copy is enclosed)
Mailing Address	Street Address	
New Filing Section	New Filing Section Division	
Division of Corporation P.O. Box 6327	ons The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	10
P.O. BOX 6527	2413 N. Montoe Street, Sune 8	10

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hereford Holdings				
(Must con	tain the words "Limited Lia	bility Company,	"L.IC" or "LLC.")	
RTICLE II - Address:				
he mailing address and street a	address of the principal offic	e of the Limited	Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Address:	
c/o Brick Patel LLP			c/o Brick & Patel LLP	
600 Fifth Avenue,	14th Floor	600	600 Fifth Avenue, 14th Floor	
New York, NY 100	20_	Ne:	New York, NY 10020	
The Limited Liability Company nother business entity with an	y cannot serve as its own Re active Florida registration.)	gistered Agent.	nt's Signature: You must designate an individual or	
RTICLE III - Registered Ag The Limited Liability Company nother business entity with an the name and the Florida street	y cannot serve as its own Re active Florida registration.) address of the registered ag Corporation Service Co	gistered Agent. ent are:		
The Limited Liability Company nother business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered ag Corporation Service Co	gistered Agent.		
The Limited Liability Company nother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered ag Corporation Service Control No. 1201 Hays Street	gistered Agent. ent are: ompany 'ame	You must designate an individual or	
The Limited Liability Company nother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered ag Corporation Service Co	gistered Agent. ent are: ompany 'ame	You must designate an individual or	
The Limited Liability Company nother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered ag Corporation Service Control No. 1201 Hays Street	gistered Agent. ent are: ompany 'ame	You must designate an individual or	
The Limited Liability Company nother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered ag Corporation Service Co N 1201 Hays Street Florida street address (F	gistered Agent. gent are: company ame P.O. Box NOT a	You must designate an individual or	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Michael Rees
	c/o Brick & Patel LLP, 600 Fifth Avenue, 14th Floor
	New York, NY 10020
(Use attachment if necessary)	
late of filing.)	not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE: /	
RECORD STORATORE	N Page
	(CCC)
This document is ex I am aware that any	a member or an authorized representative of a member. Statutes. Recuted in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department-of-State egree felony as provided for in s.817.155, F.S.
	THE STATE OF THE S
_Charlotte G	higliazza Typed or printed name of signee
	- Nichar III kumaa muua oo sigiraa
	Filing Face.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)